

DIVISION OF SOCIAL SERVICES

Purchase Contract BUDGET AMENDMENT

SECTION I.

Contractor Agency Name: _____

Program: _____

Contract Period: _____

Contract ID #: _____

Desired Effective Date: _____

Amendment #: _____

Signature of Authorized Official

Date

SECTION II.

Object/Item (1)	Original Budget Amount (2)	Increase/(Decrease) (3)	Revised Amount (4)
Total			

SECTION III. Justification:

SECTION IV. Approval/Denial:

_____ The budget revision is approved effective _____.

_____ The budget revision is denied for the reason(s) stated below:

STATE OFFICE USE ONLY

NCDSS Contract Administrator

For the N.C. Division of Social Services Director:

Signature

Signature (Division Budget Officer)

Date

Date

DSS-2517S INSTRUCTIONS

Purpose:

This form is to be used by State-Level Purchase Contract Contractors to request prior approval for realignment of funds, within the approved budget, during the contract period. It is required only for those Contractors who are being reimbursed under the Total Cost Reimbursement Method.

Cumulative expenditures for each object of expenditure may exceed the approved budgeted allowable by up to ten percent as long as the total budget is not exceeded. A request for PRIOR approval of a budget amendment is required for any line item that will exceed the ten-percent allowable.

Budget amendment request (originals) will not be accepted any later than sixty (60) calendar days prior to the ending date of the contract. Sixty (60) days should be allowed for processing any budget amendment during the contract period. Budget amendments are effective upon signature by both parties.

Reimbursement will be made only in accordance with the approved budget on file with both parties to the contract. **Changes in reimbursement on the basis of a budget amendment cannot be made prior to the effective date of the amendment, and the request for amendment WILL NOT be approved retroactively.**

General Instructions and Distribution:

The Contractor may initiate the form as needed by completing Sections I, II, and III and revising the DSS-6844S Budget forms. Then the Contractor should **submit one original and three copies**, to the **Contract Administrator** for review. If approved or disapproved, Section IV will be completed and required signatures will be secured. A copy will be returned to the Contractor, the Contract Administrator and the DHHS Controller's Office to be maintained as a part of the Purchase Contract file. The original will be maintained in the Division central contract file.

Instructions for Completing the Form:

- Section I:** Enter the Agency name, the program name, the effective contract period (i.e., October 1, 2001 through September 30, 2002), the contract ID number (i.e., 00XXX-02), the date the amendment is requested to be effective, and the amendment number (i.e., first, second, etc.) for the contract period. An authorized agency official must sign and date the request.
- Section II:**
- | | |
|-----------|---|
| Column 1: | Enter the name of the object of expenditure which is being increased or decreased.
(Note: Each object of expenditure title included in Other is to be listed separately.) |
| Column 2: | Enter the amount originally budgeted for that object of expenditure. |
| Column 3: | Enter the amount the object of expenditure is to be increased or decreased. Place parenthesis around the amount if it is to be decreased. |
| Column 4: | Enter the revised amount for each object of expenditure. This amount will be computed by adding (or subtracting) the amount in column 3 to (or from) the amount in column 2. Column 3 total should always be zero. Revise and attach pages of the Budget (DSS-6844S) form that are affected. |
- Section III:** Write a brief statement explaining why each object of expenditure is being increased **and/or** decreased.

REMINDER

**BUDGET AMENDMENTS
MUST BE SUBMITTED
NO LATER THAN
SIXTY (60) DAYS
PRIOR TO THE
ENDING DATE OF THE
CONTRACT**

Send Budget Amendments to:

**Contract Administrator
DSS - _____ Section
325 N. Salisbury Street
_____ Mail Service Center
Raleigh, NC 27699-_____**